

22305

Alaska Permanent Fund Dividend  
**Payment Method**

Division Use Only



- Use this form after you have submitted your PFD application and want to add, change, or withdraw from your selected payment method. Requests with incomplete or incorrect information will not be processed and may be paid by check.

- If you do not have an **Alaska** driver's license or state issued ID, then **SECTION C** of this form must be notarized.

**APPLICANT****Adult Applicant or Sponsor**

Legal First Name															MI	Legal Last Name														
Suffix		Social Security Number										Date of Birth (mm/dd/yyyy)					Alaska Driver's License or ID Number										If not supplied, form must be notarized.			
Phone															Email															
( ) -																														

**Whose payment method do you want to change?**

- ☐ Adult Only
- ☐ Sponsored Children Only (complete **SECTION A** below)
- ☐ Adult and Sponsored Children (complete **SECTION A** below)

**Select one method of payment below:**

- ☐ Direct Deposit (complete **SECTION B** on back)
- ☐ Paper Check

**SECTION A****Enter up to four (4) sponsored children below**

Child's Legal First Name															MI	Child's Legal Last Name														
Child's Suffix		Child's Social Security Number										Child's Date of Birth (mm/dd/yyyy)																		
Child's Legal First Name															MI	Child's Legal Last Name														
Child's Suffix		Child's Social Security Number										Child's Date of Birth (mm/dd/yyyy)																		
Child's Legal First Name															MI	Child's Legal Last Name														
Child's Suffix		Child's Social Security Number										Child's Date of Birth (mm/dd/yyyy)																		
Child's Legal First Name															MI	Child's Legal Last Name														
Child's Suffix		Child's Social Security Number										Child's Date of Birth (mm/dd/yyyy)																		

22306

Adult's Full Name

Page 2

**SECTION B****Enter the direct deposit information below**

New Routing Number

New Account Number

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Bank Name

New Account Type: ☐ Checking ☐ SavingsName on New Account: ☐ Adult or Sponsor Only ☐ Child Only ☐ Both

The **routing number** is always the first set of 9 digits on the bottom of your check starting from the left. If you are unsure of the routing number, contact your financial institution directly.

The **account number** is typically the second series of digits on the bottom of your check starting from the left. Enter the account number starting on the left side, without dashes or other characters.

For example, if your account number is 123-4567890, you should enter your account as:

**Start account number from the left side**

New Account Number

1	2	3	4	5	6	7	8	9	0										
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Jane Doe 1234 Main St. Anytown, AK 99444		999
PAY TO THE ORDER OF _____		\$ _____
Your Bank 1234 Main St. Anytown, AK 99444		DOLLARS
FOR _____		
⑆ 23456789 ⑆	⑆ 234567 ⑆	999
⑆ 23456789 ⑆	⑆ 234567 ⑆	999
Routing Number	Account Number	Check Number

**SECTION C****Notary (if required by instructions on page 1)**

Alaska Postmasters may provide notary requirements

State of \_\_\_\_\_

\_\_\_\_\_, being by me duly sworn, this person appeared before me and signed this document.

Name of Requestor

Signature of Requestor

Signed and sworn before me by \_\_\_\_\_ this

Name of Notary Public

**Notary Seal**

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Notary Commission expires: \_\_\_\_\_

Signature of Notary Public

**SIGNATURE****Read the certification below then sign and date**

I certify that I am authorized to change the financial institution information of the person(s) listed above. If applicant is a child, the adult who sponsored the application must sign. If signing on behalf of another adult, provide proof of legal authority to sign on their behalf. Unauthorized requests will not be processed.

**I certify that the information I am supplying on and with this form is true and correct.**

Adult's Signature

Today's Date (mm/dd/yyyy)

		/			/				
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Adult's Printed Name

**FOR OFFICIAL USE ONLY**

\_\_\_\_\_ appeared before me with picture identification.

Name of Requestor

Printed name of PFD Division Representative

Date

Mail to: Alaska Department of Revenue, PO Box 110462, Juneau, AK 99801-0462

Failure to disclose true and correct information constitutes fraud and can result in denial and/or civil and criminal penalties.

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